



## INDONESIA

### MCC Learning from

### “MCC INDONESIA NUTRITION PROJECT IMPACT EVALUATION FINAL REPORT”

MATHEMATICA, MARCH 2020

MCC has identified the following programmatic and evaluation lessons based on the “MCC Indonesia Nutrition Project Impact Evaluation Final Report”, which was the independent final evaluation of the Community-Based Health and Nutrition to Reduce Stunting Project in the Indonesia Compact. These lessons augment the lessons previously identified based on the interim evaluation report in 2018, which are available in the interim report package.

#### PROGRAMMATIC LESSONS

- **The evaluation highlighted the fact that the synchronicity across interventions envisioned during the project design phase did not pan out during implementation and this likely impeded the achievement of targeted results. Reflecting on this finding, the following lessons were identified:**
  - *Avoid designing projects that require coordination across multiple partner government actors, or develop a stakeholder engagement plan and commitments, when such coordination is imperative to achieve the targeted objective.* The lack of synchronicity across activities was partly due to the large number of local governments involved in the project that spanned 56 districts, along with national-level actors such as the Ministry of Health’s national nutrition and sanitation units, the Ministry of Villages, and the World Bank. MCC should consider our and MCA’s abilities to convene and coordinate across multiple actors. For this project to be a success, Generasi facilitators who were government contractors, rather than employees, needed to work hand-in-hand with government health officers, who operate differently. A possible mitigant to coordination challenges is to establish a steering committee to coordinate across ministries and offices and facilitate decision-making and smooth implementation. Projects that bring together several donors and sectors should anticipate the coordination challenge and the need to play a convener role in order to be better able to manage these more complex institutional and implementation arrangements.
  - *When designing projects that require coordination across multiple activities to achieve the objective, devise a results-based management approach that allows for strategic decision-making or off-ramps to mitigate completion and results risks.* Over the course of program implementation, it became clear to the project team that the scope and timing of activities was falling out of alignment with the original plan. While the cost-benefit analysis was updated once early into compact implementation to reflect a smaller number of beneficiaries that would likely be impacted by the project, there were no detailed team or management discussions about the effect that the shifts and delays in implementation may

have on the ability to achieve results and no consideration of alternative uses of funds. An upfront recognition of the significant results risk that the project's design posed and an associated series of design/implementation check-in points where the program logic was revisited and contingency plans for the use of funds considered may have helped direct MCC's funding to its best use. In developing a second compact with Indonesia, MCC is considering the use of time-limited budgets associated with project sub-components or budgets related to project progress to get demonstration of government commitment.

- *Scale programs appropriately for the context and for MCC's capabilities and comparative advantage.* Not only was this project complex in terms of the number of different interventions and government stakeholders involved, but it was also implemented across 11 diverse provinces in over 5,000 villages. This made implementation particularly challenging. While the project team had correctly identified stunting as a problem needing to be solved in Indonesia, it perhaps did not correctly diagnose the factors contributing to this large-scale problem. For example, while comprehensive assessments of overall Ministry of Health institutional challenges were available, no institutional assessment was undertaken to fully understand what the national government was already doing well or less well in an attempt to reduce stunting specifically. We worked through the Ministry of Health systems without assessing whether each component of those systems had the capacity to deliver the interventions that can reduce stunting. In addition, there was no analysis of the specific drivers of stunting in Indonesia or by province, which meant a uniform approach was applied across the country, despite differing contexts. This, and the fact that MCC was working through a partner ministry at the national level, meant that the project ended up focusing on the problem from a national perspective and through national systems, rather than working locally in a way that could be argued to have higher impact. An alternative approach could have been to work more intensively in a smaller geographic area with a smaller project scope that had a higher chance of implementation fidelity and lower completion risk, and therefore a higher chance of achieving results that could have better informed policymaking.
- *Ensure that MCC and the partner government are aligned terms of the objectives of the project and obtain commitments from the involved government implementing entities before embarking on a project.* The coordination across activities was hindered by the fact that different implementing partners had different equities and were more focused on their own priorities than the stated objective of the project, which was to reduce stunting. It is critical that MCC and its partners commit to the project terms and targeted results stated in the compact to ensure that all design and implementation decisions are taken with the project objectives in mind. In order to achieve this situation, the linkage between various project activities at the subactivity and task level and their connection to intermediate results and the ultimate project objective should be clearly laid out in the compact and agreed to by all parties before the project design is finalized, then monitored each quarter to ensure that critical components are implemented as agreed. Relatedly, the project objective should be clear and measurable, with an achievable target on which the MCC and partner government project teams can focus. Another complementary approach could be to enter into an approved and shared detailed implementation plan (DIP) prior to compact

signing or entry into force. This DIP would define roles, responsibilities, and timelines and could be updated as implementation progresses. It could be used by donors to take stock of program implementation and discuss together how to improve it.

- *Develop and document the project's detailed design and implementation arrangements prior to entering the compact implementation period.* More than 70% of the project budget was allocated to pre-existing community-based development program and that program's timeline influenced MCC's decision to enter the Indonesia Compact into force. However, many of the supply-side components of the project were continuing to be designed well into compact implementation, while the demand-side component was already underway. This delay in designing and sorting through implementation mechanisms caused overall implementation delays and impeded the intended coordination and complementarity of the various project interventions. To avoid similar situations, it is important to ensure project design is well-developed prior to the investment decision and agreed to by the partner government prior to compact signing. It is also important to make progress on developing detailed implementation plans in coordination with the partner government and relevant implementers prior to entry into force.
- *When designing projects that consist of multiple interventions and that require behavior change across multiple actors in order to achieve targeted results, consider ways to pilot and evaluate interventions before scaling up.* The limited impacts across various measures, such as village open-defecation-free status or attendance at group nutritional counseling sessions, reported by the evaluation indicate that the project's theory of change was not valid. It would have helped the project team to understand these theory breakdowns earlier so that we could have adapted to address them. However, project implementation started late and continued over multiple years, which did not allow for rapid evaluation that could feed back into project management. To allow for this kind of feedback loop, projects can be designed to include a short pilot stage that would need to begin in the pre-EIF period in a limited geographic area, which facilitates the development and implementation of the later project by having the pilot evaluated to adjust final project design and implementation.

## EVALUATION LESSONS

- There were no further evaluation lessons besides those identified during the interim evaluation report review.